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AUTHOR Barrett, Thomas C.
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ABSTRACT

Designed as a guide for the prevention of suicide and other self-destructive behavior, this booklet is divided into two main sections. Outlining the problem of suicide in the nation, the first section contains an introduction to the topic of suicide with statistical information, then eight segments deal with such subjects as facing the reality of suicide in our society, common myths and facts about suicide, motives, a suicidal personality profile, and suicidal indicators. The second section, detailing the methods for tackling the problem of suicide, includes guidelines for schools, a note on confidentiality, student learning and the curriculum, peer counseling, tips for parents as partners, creating crisis intervention teams, networking with the community, basic intervention strategies, steps in the event of a tragedy, youth help model programs, and a listing of six sources of mental health and suicide information centers. The bibliography contains 22 references. (KM)

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TEENS IN CRISIS

Preventing Suicide and Other Self-Destructive Behavior

By Dr. Thomas C. Barrett

U.S. DEPARTMENT OF EDUCATION
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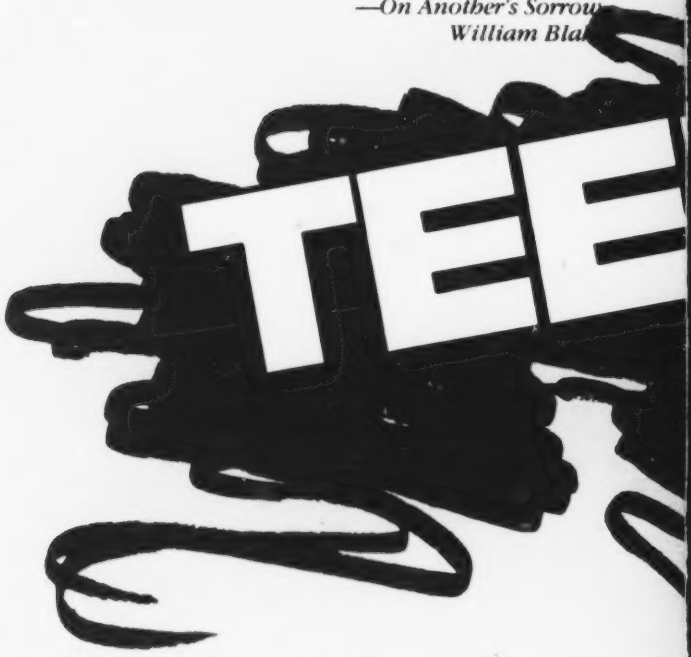
"Can I see another's woe,
And not be in sorrow too?
Can I see another's grief,
And not seek for kind relief?"

—On Another's Sorrow
William Bla



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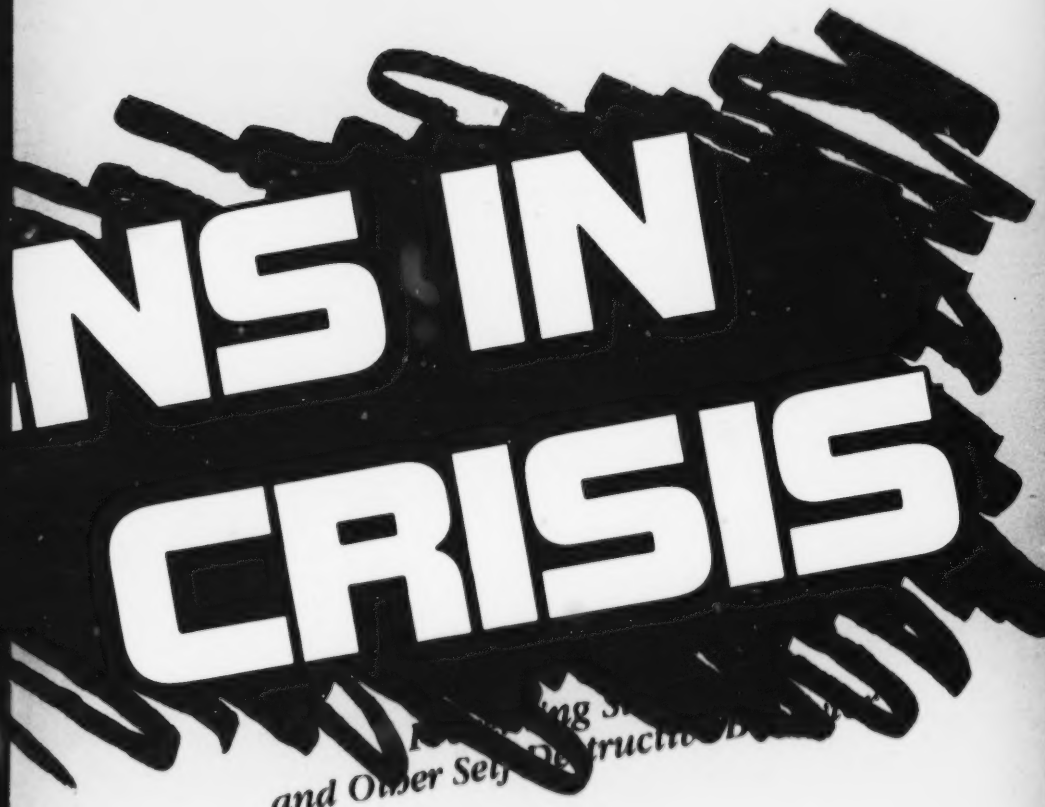
The guidelines suggested in this book are the author's, drawn from his experience and professional judgment. They do not necessarily represent the official positions, beliefs, or policies of the American Association of School Administrators. School leaders may want to consider these recommendations, as well as others, when developing policies and programs for at-risk youth.


NS IN
CRISIS
and Other Self

While technological advances tell us that we are in an age of miracles, a shadow is lingering over the lives of our children.

CRISIS

Self-Destructive Behavior

Since the 1960s, the number of youth involved in some form of self-destructive behavior has escalated significantly. Their futures are threatened by a rising suicide rate, drug and alcohol abuse, premature parenting, AIDS, gang and cult violence, dropping out of school, and other debilitating conditions.

As a society, we would like to deny that our youth are destroying themselves at alarming rates and would prefer to think that today's world offers young people a wealth of opportunities and a stable future. But the fact is:

- More than 1 million teens—1 in 10—become pregnant each year; and a study conducted by the United Way of the National Capital Area, found the suicide rate seven times higher for teen mothers than for other teenagers.
- By age 18, more than 60 percent of boys and more than 40 percent of girls have engaged in heterosexual intercourse.[1] More than 6 of 10 people with gonorrhea or syphilis are younger than 25,[2] indicating that young people are more likely to contract sexually transmitted diseases, including the deadly AIDS virus.
- Homicide was the fourth leading cause of death for all 15- to 24-year-olds in 1985, a testimony to the prevalence of drugs and gangs.[3]
- In 1986, nearly 60 percent of high school seniors surveyed said they had taken an illicit drug. Over 90 percent had used alcohol.[4]
- In 1986, at least 814,000 cases of child abuse and neglect were documented in this country.[5]
- Each year, at least 1 million children suffer the consequences of emotional abuse—verbal assaults from parents that undermine their self-esteem.[6]
- In the last 20 years, the incidence of anorexia nervosa, an eating disorder that stems from psychological distress, has doubled.[7]
- A quarter to one-half (depending on ethnic origin) of youth are dropping out of school. Of these, more than half will not be employed.[8]

Even more sobering are statistics on suicide, the ultimate act of self-destruction:

- Suicide ranks as the sixth leading cause of death among children and youth between the ages of 5 and 14. It is the second leading cause of death among young people ages 15 to 24.
- Some 5,399 young people between ages 5 and 24 took their own lives in 1985, and many experts believe that figure would climb higher if suicides were reported accurately.
- In a 1986 study, between 7 and 13 percent of a sample of students interviewed said they had attempted to take their own lives. Researchers estimate there are 100 to 120 attempts for each completed suicide.[9]

Facing Reality

These are the harsh realities. We must recognize them, but we can't simply *accept* them. The future of our children, and our nation's future, demands that we become bullish in a fight to ensure that our young don't self-destruct—that they have every opportunity to realize their full potential.

And when we fight, we shouldn't do it alone. In the past, we have attempted to address the many problems of youth mostly in isolation from one another. For example, learning problems were viewed as a school issue, drug problems a community/governmental issue, and teenage pregnancy as a family issue.

Young people with multiple problems (which is common) often must become involved with numerous, separate agencies—each of which must be able to see the total picture. Parents, educators, social service providers, policy makers, clergy, and others need to unite to give youth the support they need. Together we can respond to the needs of the "whole" child, not continue independently chipping away at separate problems. A comprehensive approach, in our schools and in our communities, is essential.

This booklet will help us look more closely at the self-destructive behavior of today's youth and, particularly, youth suicide. We can't deal with one and not the other. That is, when we understand the motives and factors that lead to suicide and how to prevent suicide, we also learn about factors and remedies for other forms of self-destruction.

What's normal behavior for growing children? What are their critical needs? What are the warning signs that show a child needs help? How should we respond to a child who appears to be self-destructing? How can we work together to meet the needs of each young person?

Answers to these questions and more follow.

He was talented and could look forward to a prestigious music scholarship after high school graduation this year. He was popular. When he wasn't engrossed in his music, he spent time with his best friend or partying with groups of kids like himself. These things we know about David.

What we don't know was forever silenced when he plunged, purposefully, into the abyss of death one dark night. Without a clue, he departed. We would have thought it an accident, except for these words, left in a note for his best friend: "I wanted everything to be perfect. It wasn't."

David is a character in a movie, "Permanent Record." The film, and assorted news clippings of similar real-life dramas remind us, painfully, that there is more to growing up than the pet fish, the school play, the driver's license. The movie is a softened version of an unspeakable tragedy that occurs more than 5,000 times a year—when young people take their own lives.

It *Can* Happen Here

What does this mean for most of us? It means that hundreds of thousands of families could encounter suicide before their children reach adulthood. It also means that educators and others who work with young people will encounter youth suicide at some point, if they have not already. The greatest impact of youth suicide, outside the family, is felt by the school system.

Can we tell when a young person has the potential for self-destructive behavior? The experts say yes. There are symptoms we can learn to recognize. And when we see these signs, and alert professionals to them, we can help avert a tragedy.

We can begin our fight against youth suicide by arming ourselves with the facts about suicide and by helping to dispel many common myths.[10]

MYTH Adolescents who talk about killing themselves rarely commit suicide.

FACT Many adolescents who commit suicide have declared or hinted at their intent, so suicidal threats and attempts should always be treated seriously.

MYTH The tendency toward suicide is inherited and passed from generation to generation.

FACT Suicide is a behavior and, as such, is not inherited. However, research indicates that emotional disorders, such as depression, may be inherited. Therefore, children in some families may carry a higher likelihood of self-destruction than those in others.

MYTH The suicidal person wants to die and feels that there is no turning back.

FACT Suicidal people often are ambivalent about dying and frequently will call for help immediately following an attempted suicide.

MYTH Suicidal people are mentally ill.

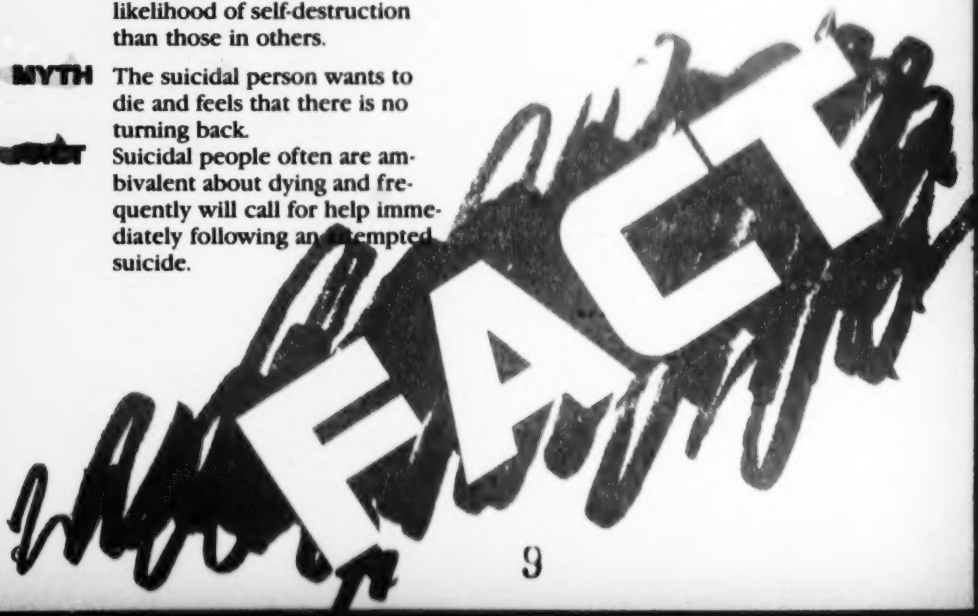
FACT Although many suicidal adolescents are depressed and distraught, most of them cannot be diagnosed as seriously mentally ill.

MYTH If someone attempts suicide, he* will always entertain thoughts of suicide.

FACT Most adolescents who are suicidal are that way for only a brief period in their lives. If a young person who attempts suicide receives the proper assistance and support, he may never be suicidal again.

MYTH If you ask an adolescent about her suicidal intentions, you will encourage the young person to kill herself.

FACT Actually, the opposite is true. Asking someone directly about a suspected suicidal intent often will lower her anxiety level by encouraging her to vent pent-up emotions, thus deterring the act of self-destruction.



MYTH

MYTH Suicide is more prevalent among lower socioeconomic groups.

FACT Suicide crosses all socioeconomic groups and no one class is more susceptible to it than another.

MYTH When a depression lifts, there is no longer any danger of suicide.

FACT The greatest danger of suicide exists during the first three months after an adolescent recovers from a deep depression.

MYTH Suicide is a spontaneous activity that occurs without warning.

FACT While some youth suicides may be spontaneous, most suicidal adolescents plan their self-destruction in advance.

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*Note: Suicide and other forms of self-destructive behavior are just as serious for girls as for boys. Because individuals are affected, we have used singular pronouns. But we have tried to alternate "he" and "she."

"Emotional abuse is the most insidious and prevalent kind of abuse.... Over a long period of time, it can make a child feel so inadequate that he wants to commit suicide."

—Nancy Peterson, National Committee for Prevention of Child Abuse

Motives

What leads an adolescent to self-destructive behavior? Here are some of the more common motives for suicide, which also can be reasons for other forms of self-harm.

Revenge. When revenge is the motive, the driving force behind suicide is anger—anger which cannot be directed at the intended target and is therefore directed at oneself, according to E.S. Shneidman, a psychologist and founder of the American Association of Suicidology.[11] For many teenagers who consider suicide, the target of their anger is their parents, the partner in a failed romance, or another important person whom the victim perceives as having rejected her. Death is in retaliation for abandonment or the threat of abandonment.

Manipulation. Some teenagers use the threat of suicide to try to gain love from others. They attempt to control relationships in their lives by making others responsible. These youngsters are often considered to have disordered personalities.

Stabilizing Relationships. Some teenagers threaten suicide in an attempt to stabilize relationships. An attempted suicide may be a tool to divert attention away from family or marital conflicts, for instance.[12]

Atonement for One's Sins. Some youths attempt suicide because they feel they have been "bad." For example, a young person who believes that his "bad" behavior caused his parents divorce may feel guilty. In extreme cases, the guilt might stem from feeling responsible for the death of a parent.

A Cry for Help. Suicidal behavior contains a very definite message for those who recognize it. It is a distress signal indicating that a young person is engulfed by feelings of helplessness and hopelessness. The behavior is a method of communicating to others, "I no longer can cope and I need help to stay alive."

Death of a Parent. Some teens commit suicide when they can't come to terms with the death of a parent. The nature of the relationship with the deceased parent prior to his or her death, and that with the remaining parent, are critical.[13]

The Only Way Out. Some youths believe suicide is the only way to escape intolerable situations such as physical, sexual, or emotional abuse.[14] Suicide may appear to be the only way out of cult membership also.

Reaction to Stress. Some youths take their lives when they experience a number of stressful situations at the same time. They view their problems to be collectively unmanageable, and they feel they are failures at life. This can happen to youths who adults perceive as successful and well-adjusted.

No Singular Suicidal Profile

Suicide, like all self-destructive behavior, is complex and difficult to understand. Most mental health professionals agree that a suicidal disposition is determined by an individual's biological and psychological characteristics, as well as social and environmental influences. How well a teenager is prepared to cope with family problems, trouble at school, or unstable relationships is difficult to predict. No one can construct, with any certainty, a single profile of a teenager who may become suicidal. It is safer to assume that any teenager who is experiencing a crisis in life, no matter how trivial it might seem to an adult, could become self-destructive.

What Is Normal?

The adolescent years are a time of rapid biological, psychological, and physical changes. However, one popular notion about adolescence is being challenged in contemporary research: that "normal" adolescents experience extreme storminess and turbulence with major emotional upheavals on their way to adulthood. Research indicates that "normal" adolescents are rebellious and experience some depression, but not the extremes in behavior that some have come to think is normal during this period in life.[15]

Understanding the difference between "normal" and extreme adolescent behaviors is crucial when identifying adolescents who may be at risk for self-destruction. Parents, teachers, and others who work with youth should be deeply concerned about extreme behaviors. They are an indication that a young person may be disturbed and in need of professional help. Contrary to popular belief, adolescents do not always "grow out of" disturbing behavior. Disturbed adolescents can become disturbed adults.[16]

When Things Are Wrong: Tell-Tale Signs

Behavior is a clue to whether a student is prone to suicide. There is not a single behavior that we should rely on in determining the degree of suicidal risk. But clusters of high-risk behaviors might be a warning of imminent danger.

This is not to say that a teenager is suicidal if he exhibits one or two symptoms. But even one symptom should elicit concern. Parents and others should look closely to see if the young person exhibits other behaviors associated with suicidal youth.

Stressful situations, as well, can create crises in the lives of youth. When young people don't have appropriate coping skills and support systems, these situations can stimulate thoughts of hopelessness and lead to self-destructive behavior and, possibly, suicide. Youth experiencing these traumas need extra support and assistance from those who know them best, including teachers, parents, and friends.

Suicidal Indicators

Behaviors to Watch

- Problems sleeping
- Loss of appetite
- Isolation and withdrawal
- Accident proneness
- Running away
- Dramatic changes in appearance
- Drug or alcohol abuse
- Agitation and aggression
- Talk about death
- Guilt feelings
- Hopelessness
- Anxiety
- Giving away personal possessions
- Depression
- Short attention span
- Loss of interest in pleasurable activities
- Crying spells
- Self-criticism
- Sexual promiscuity
- A drop in school performance
- School attendance problems or dropping out
- Cult or gang membership
- Writings with messages of self-destruction
- Art work depicting violence, especially against self
- Euphoria following depression

Stress-Producing Situations

- Loss of someone significant through death, divorce, separation
- Loss of an important peer relationship
- Alienation
- Recent failure
- Family stress
- Moving[17]

TACKLING THE PROBLEM

Self-destructive adolescents generally suffer from low self-esteem. Young people who feel good about themselves, who feel connected to their families, friends, school, and community, are less likely to harbor self-destructive thoughts. They are less likely to abuse drugs and alcohol, run away from home, join gangs or cults, drop out of school, or think of suicide. Helping teenagers feel a sense of self-worth is a shared responsibility of parents, students, teachers, and the community. The greatest challenge is to get reluctant young people involved in relationships and activities that will help them feel good about themselves.

According to the experts,[18] there are four conditions that go hand-in-hand with a feeling of self-worth:

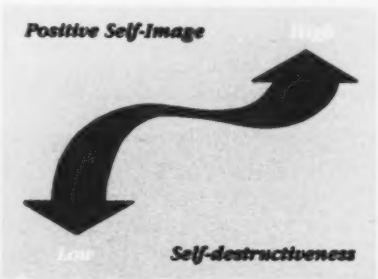
Connectiveness. The feeling of satisfaction a teenager gets from associations that are significant to him, especially when these associations are accepted by others.

Uniqueness. The special sense of self a teenager feels when she can acknowledge and respect the qualities or attributes that make her special and different, and when she receives respect and approval from others for these qualities.

Power. A sense that comes from having the resources, opportunity, and capability to influence the circumstances of one's life in important ways.

Models. People, ideas, and strategies that help the teenager establish meaningful values, goals, ideals, and personal standards.

All of us have a part to play in promoting these conditions.



Guidelines for Schools

Most experts in the field of suicide prevention agree that many young lives can be saved if:

- Someone identifies high-risk youth early, and
- Someone intervenes in these young people's lives to convince them to postpone suicide, eventually restoring their will to live.

Adolescents spend much of their day in school, where many adults can observe them. Teachers, armed with the right information, can identify those with a potential to commit suicide and connect them to someone who can help. Counselors and coaches can also be potential life-savers. Most secondary schools employ nurses, psychologists, and social workers who should be trained to work with students in crisis. These professionals not only have specialized skills for working with students with special needs; most maintain ties with community resources.

Defining a Program

Just how much responsibility schools should take in the youth suicide effort is a source of debate. Schools are not necessarily mental health centers and, thus, are not responsible for or capable of treating suicidal youth and their families. And there are some risks for schools that pursue school-based prevention—especially when well-meaning, untrained individuals carry their role with high-risk youth too far.

But schools that underreact to the youth suicide issue can be as great a problem as those that overreact. In fact, some schools have been taken to court for not taking adequate measures that might have prevented suicide—such as informing parents when a student threatens suicide or, as the parents in a Maryland case stressed, failing to have regulations to protect children from becoming involved in satanism and group suicidal practices. Thus, schools need to strike a balance between responding to the mental health needs of students and setting limits as to how involved the response to these needs will be.

Too often, schools wait for a crisis to occur before they address this issue. To prevent suicide and to minimize the effects of a suicide or suicide attempt, schools should have an adequate suicide prevention program in place.

PROGRAM COMPONENTS. When designing a program, schools should first formally assess:

- What school administrators, teachers, students, and parents know about youth suicide and its potential in their community.
- The degree to which community groups will support a prevention program.

This knowledge will help in setting the goals, objectives, and components of the local program. Most believe that reasonable goals for a school should be to:

- Identify high-risk children and youth.
- Assess the potential for self-destruction.
- Refer students to appropriate community resources.

Since suicide often is a disturbing topic, district leaders might be wise to approach it in terms of "youth in crisis" or "youth at risk," which includes those who are suicidal. Accordingly, suicide prevention efforts usually are most effective when they are part of a comprehensive program to address the myriad problems of youth at risk. Such a program should not only focus on intervention—helping students deal with problems they have, but also on prevention—helping students avoid some problems altogether. Prevention efforts, for example, could focus on fitness; mental health; drug and alcohol abuse; relationships; risk-taking behaviors; and communication and decision-making skills.

IMPLEMENTATION. To successfully implement any program, the school system will need to inform and gain the support of the school board, administrators, teachers, parents, and others in the community.

Empowering Staff

School staff often feel anxious when confronted with a teenager who identifies himself as suicidal. This anxiety is generally a result of inadequate training in dealing with self-destructive behavior. An effective intervention program dictates that staff will become involved with troubled youths nonetheless. True, suicidal young people need professional help. But equally important is the relationship between a suicidal teenager and another caring individual, who could be a teacher, parent, or friend. The initial intervention by one of these people could prove to be a lifeline, while other appropriate steps are taken.

Training school staff to recognize potentially self-destructive students carries little risk. While we do not know everything there is to know about suicidal youth, the information we do have has proven valuable to teachers, parents, and the community in identifying potentially suicidal young people.

All school personnel, not just teachers, should receive training in suicide prevention. The entire school community then becomes a pool of potential resources for self-destructive youth.

Staff training should cover:

- Fears associated with confronting a suicidal teenager.
- Limits of responsibility, ethics, and confidentiality.
- Myths about suicide.
- Behaviors of "normal" versus disturbed adolescents.
- Some of the known individual and family dynamics of suicide.
- Depression.
- Dos and don'ts of intervention.
- How and when to refer to a crisis team.

A Note About Confidentiality

Any young person who admits to and is counseled for suicidal tendencies or an attempted suicide deserves utmost privacy. Allowing a young person's problem to become a source of gossip by students or staff could cause irreparable harm. Also, teachers and others need to be careful not to "put a student in a box" . . . always thinking of the student as one who has thought of or attempted suicide.

"Each crisis in the life of a child offers learning opportunities that may never come again. So instead of viewing crisis intervention as an extra school duty, it can be viewed as a special opportunity for teaching."

—Nelson and Slaikeu, 1984

Teaching Students

Perhaps the most controversial part of a school-based suicide prevention program is teaching prevention to students. Yet, students may be the first to recognize that a friend or acquaintance may be suicidal. Many times the potential victim will state, flat out, her intent to friends. If students know the warning signs of self-destruction, and know where to refer a friend, they can be a great resource in the suicide prevention effort.

The Curriculum

The greatest risk in school-based suicide prevention programs lies in the classroom activities conducted with students. Critics of these curricula fear that such activities may further destabilize children and youth prone to hurting themselves. While such criticisms are not supported by fact, teachers should exercise extreme care when broaching the subject of suicide. Teachers should concentrate on providing students with information, taking care not to delve too deeply into an area that school personnel may not be trained nor prepared to deal with. With that risk in mind, experts suggest that:

- Those who teach a suicide prevention curriculum be well-trained and knowledgeable about the subject.
- The curriculum be part of a health class or other subject that deals with stress in adolescence, lifestyle, or social environment and structure.
- Films be reviewed before they are used in the classroom.
- Mass screening of students for suicide potential be avoided.

CONTENT. The content of a suicide prevention curriculum may vary. That which has proven helpful to students:[19]

- Allows students to discover and express their own attitudes and beliefs about suicide.
- Presents facts about suicidal behavior to dispel myths that cloud the subject.
- Provides students information to help them better understand depression and suicidal tendencies. For example, students should understand that stress that creates an emotional crisis is generally short-lived, making suicide a tragic error of impaired judgment.
- Teaches cognitive and behavioral strategies for living with stress and disappointment.
- Teaches appropriate actions for dealing with potentially suicidal peers—namely, identification and referral.

Also, positive activities that help students build self-esteem can be considered a vital part of a prevention curriculum.

Peer Counseling

Because a young person's friends are often the first to know of suicidal tendencies, some secondary schools have included peer counseling as part of their suicide prevention program. Peer counseling programs need to follow specific guidelines that protect both the peer counselor and the person he counsels from potentially devastating situations. Peer counselors must:

- **Understand the limitations of their role. After identifying suicide potential, they should offer support; but they should not attempt to counsel their disturbed peer. They should wait until an adult is available to help.**
- **Be closely supervised by a trained adult. If a peer counselor becomes overinvolved with a friend who commits suicide, he could experience long-term psychological damage.**
- **Receive training regarding the warning signs of suicide and *basic* intervention strategies.**
- **Understand that there is no confidentiality if the potential for suicide is even remotely evident.**

Parents as Partners

Suicide is a tragic personal and family issue, as well as a community problem. For this reason, the subject is difficult to face, and many parents might prefer to believe their family is immune to the tragedy. They might regard their own child's adjustment problems as teenage "stages."

Parents who can recognize that a child—either their own or someone else's—is in crisis, can use lifesaving first aid by pointing out the specific problem to someone in the school or the community.

Schools can help equip parents for dealing with self-destructive behavior by offering workshops that focus on "adolescent issues." (This broader approach is better received than when suicide alone is the topic.) Workshops—as well as written information to parents—should address the various behaviors and stressful situations associated with self-destructive behavior, including drug and alcohol abuse; eating disorders; premature sexuality; early parenting; cults; gangs; school failure; family problems; and running away. Discussion can also focus on:

- Suicide facts and myths.
- Adolescent depression.
- Stages of adolescent development.
- How to recognize suicidal potential.
- How to deal with a child in crisis.
- How, when, and where to get help.

Tips for Parents

Many parents, devastated by the suicide of a son or a daughter, recall certain behaviors that may have indicated a potential for the suicide. Others feel that there were no warning signs. No parent can fully know what to expect, but there are things a parent can do and know that might prove helpful in saving a child. Specifically:

- Be aware that extreme behavior patterns are not necessarily normal or characteristic of all adolescents. Such behavior may be a sign that a child is disturbed.
- Don't assume that bouts of depression by a teenager are just a stage that will pass with time. For teens who have limited coping skills, mild depression can turn to deeper depression with thoughts of suicide or another form of self-destruction.
- Be more aware of a son's or daughter's involvement with school, peers, and the community.
- Be empathetic when problems such as a failed romance occur. For some adolescents, such perceived failures can create an emotional crisis.
- Recognize that major changes in the family structure can be very difficult for an adolescent. This includes separation and divorce, living in a step-family, or a change in residence or school.
- When major changes in a child's personality are observed, seek an opinion from a qualified mental health professional.
- Work with school teachers and counselors when there is a problem.

"Giving kids skills to make proper life decisions is at the heart of suicide prevention."

—Richard Galusha, Coordinator, Psychological Services, Omaha Public Schools

Creating Crisis Intervention Teams

One of the most effective tactics a school community can employ in suicide prevention is a Crisis Intervention Team at the building level. The team usually is composed of the building administrator, counselors, the school psychologist, social workers, and the school nurse. Any teacher referring a student for help also would become a member of the team.

It is the team's responsibility to assess the potential for suicide in students referred by concerned parents, friends, teachers, or others. The team also can be a valuable resource in other crises, such as tragic student deaths and other disasters.

To be effective, the team should receive training[20] from a qualified instructor in using various instruments to measure the potential for self-destruction. Team members also should be trained in initial intervention and follow-up strategies, and in making contact with community resources and parents. Once trained, the Crisis Intervention Team conducts inservice for teachers, holds parent workshops, designs or adapts suicide prevention curricula, and helps shape a network of community resources.

Many rural and smaller school systems do not employ all of the personnel suggested to serve on the Crisis Intervention Team. In these cases, community resources such as ministers, police officers, physicians, and other concerned individuals may be recruited for the team. Rural school systems should establish working relationships with mental health professionals nearby who can provide assistance to the team in the event of a suicide or suicide attempt.

Networking with the Community

While schools play an important role in youth suicide prevention, a school-based suicide prevention program is only as good as the support that it receives from the community.

Once schools have trained a pool of people to identify potential suicide victims and have established a crisis intervention team or teams, other community resources will be needed. These resources include, but are not limited to, the local police department, hospitals, mental health centers, social services, and crisis telephone lines. These individuals and agencies should be selected according to their willingness to communicate with school personnel about a particular young person or family. Communication and cooperation among the school and these community resources is critical to providing lifesaving services to suicidal youth and their families.

Restoring a teenager's will to live is not totally accomplished behind the doors of a therapist's office or in a hospital ward. Ultimately, it encompasses the therapist, family, peers, school, and the community.

Basic Intervention Strategies

Although those who are not trained as mental health professionals should be cautious in dealing with a young person who might be suicidal, what they do between the time they recognize this fact and the time the potential victim gets professional help could save her life. Because suicidal adolescents feel disconnected and alone, the most effective thing to do is to help them feel "connected."

Here are some ways to both make that connection and, possibly, stave off a potential suicide.

- ***Be willing to listen.*** Reflect back to the young person the thoughts and feelings being expressed. This will help her feel that you truly are trying to understand her.
- ***Show interest and support*** for the young person's feelings as well as for the information that she is giving you.
- ***Don't judge the young person's problems using adult standards.*** For example, the grief a teenager experiences over the loss of a love relationship is real. To discount these feelings may lead a young person to doubt that you are someone who can help her.
- ***Trust your intuition.*** If a young person is not expressing suicidal thoughts, but you suspect they exist, ask. For example, say, "You seem to be in a great deal of emotional pain and I am concerned about your safety. Have you been thinking of hurting yourself or even killing yourself as a way of making all of this go away?"
- ***Don't panic if the answer is "yes."*** The young person's feelings are finally out in the open. This alone can provide tremendous relief to him.
- ***Avoid countering or saying, "No, you can't."*** Some young people feel that the only control they have in their lives is the choice to live or die, and it might be a mistake to challenge this one last shred of control. The goal is to delay the impulse for suicide until other possibilities can be explored. One way to do this is to tell the young person: "No one can really prevent you from harming yourself if that is what you really want to do. But then again, no one can stop you a week from now or a month from now either. So, I suggest you postpone it until other solutions can be explored."[21]
- ***Don't be judgmental.*** Accept as truth what the young person is telling you. Don't discount his feelings by giving advice.
- ***Don't allow yourself to be sworn to secrecy.***
- ***Get help from a mental health professional or agency in the community.*** Don't take on the role of a mental health therapist. Stick to the role of friend, confidant, and helper.

If a Tragedy Occurs

Nothing jolts a school and community like the death of a young person by suicide. Many schools have felt unprepared to deal with the aftermath of this type of crisis. Hence, schools should make a contingency plan for dealing with suicide part of their suicide prevention program.

Having a plan:

- Helps restore, as quickly as possible, the normal educational process.
- Anticipates the needs of students, staff, and families, and the manpower needed to provide services.
- May help reduce the likelihood that other suicides will follow.
- Reduces the chance that the death will be sensationalized.

Actions to take. Immediately upon learning a student has taken his life, the chief school administrator or other appropriate person should meet with the crisis team to:

- Confirm the facts of the death. Someone will need to talk directly with the investigating police officer and, possibly, the coroner.
- Make decisions about the school schedule, trying to keep it as normal as possible.
- Decide who will brief staff on the tragedy and when this will be done.
- Decide how the student's death will be announced to other students. Do *not* use the public address system.
- Decide who will prepare the office staff to deal with telephone calls. Providing these staff members with accurate *written* information is helpful.
- Determine when the contents of the victim's locker will be removed and who will remove them.
- Decide when the building administrator should visit the family.
- Determine how support for close friends of the victim will be handled.
- Agree on who will attend the funeral. How will this issue be presented to the student body? It's wise not to call off school so that everyone can attend the funeral. This tends to glorify the suicide, and could lead to others.
- Determine how to deal with family issues. The school should convey its sympathy for the loss the family has suffered. However, school memorials that glamorize the death, such as planting trees or installing plaques, are not appropriate. Suggest to family members that they contribute to programs that promote mental health for students.
- Identify who will communicate with any schools attended by sibling survivors so that their re-entry into the system will be easier.

Ideally, many of these issues will have been addressed in the district's contingency plan and will need only to be confirmed at this time.

Dealing with the news media. In the event of suicide, special attention also will need to be given to the news media. A statement will need to be prepared. The most important thing to remember is not to speculate about the death. As soon as the facts are gathered and decisions are made, inform the media. The dis-

"Don't be so afraid of us that you fail to call our bluff. If you get intimidated by our threats to jump off a bridge, drop out of school, run away, or hit or kill you, we will just keep doing what we want. We need limits and people that can stand up to those they love. This doesn't mean to play the same games we play with you."

—A Message from a Teenager to Parents
(Source: Project PAVE—Promoting Alternatives to Violence Through Education)

trict spokesperson and school principal will want to discourage the media from talking to students on campus, as well as to the surviving family, unless the family requests it.

Of course, much will depend on the circumstances of the death. The interventions would be somewhat different for a suicide attempt or for a suicide that occurred on campus.

Evaluating Effectiveness

Few, if any, school-based suicide prevention programs have been evaluated adequately. The reasons for this are the complexity of intervention strategies, a lack of valid or reliable measures of effectiveness, and difficulty in defining intended program outcomes. Traditional approaches to evaluation do not always work in assessing suicide prevention programs. More creative and varied approaches to evaluation, such as case studies that employ interview and observation techniques, are necessary to determine program effectiveness.

"Most of the kids that I deal with that have gotten to the point where they're thinking about suicide have gotten there because they've never found anyone to listen to them."

Rick Heidt, Assistant Principal,
Bismarck, North Dakota

Programs Helping Youth

Dubbed as America's "closet affliction," suicide was not given much public attention until the efforts of Charlotte Ross in the mid-1970s. She was among the first to look to the schools as a valuable resource in stemming the tide of youth suicide in California. Since then, a number of school districts have implemented suicide prevention programs.[22]

Cherry Creek School District 5 located in Englewood, Colorado (a suburb of Denver), is credited with developing the first comprehensive school-based prevention program in 1980. The Cherry Creek model has been adopted and revised by many school systems around the country. Following this lead, communities with school systems ranging from very small to districts as large as the Dade County, Florida, Public Schools have begun organizing prevention efforts. Some states, such as Wisconsin, Florida, California, and New Jersey, have passed legislation that encourages and helps fund the development of suicide prevention programs in schools.

Here is just a glimpse at what some schools and their communities across the U.S. are doing:

In ***Omaha, Nebraska,*** a cluster of three suicides in 10 days—and what some believed was inadequate handling of these tragedies—triggered the formation of the Midlands Youth Life Skills Development Committee, with over 20 community agencies involved. The Committee's board includes a lawyer, the police chief, a psychologist, the school superintendent, and others. The Committee has sponsored workshops on building self-esteem, and death and dying, among other activities.

The district now has 45 crisis teams of up to five people each. Principals select members of the teams, which include parents and students, a school psychologist, and a social worker. In addition to suicides, the crisis teams have been mobilized to deal with murders, abductions, accidents, and even a controversy that arose over a school mascot—"The Blue Devils."

The Omaha model has been expanded throughout Nebraska and Iowa. (**Contact** Richard Galusha, Coordinator of Psychological Services, Omaha Public Schools, 3819 Jones Street, Omaha, NE 68105.)

The ***Dade County, Florida,*** Public Schools have a Department of Crisis Intervention, headed by a full-time supervisor. The department provides training to "crisis care core teams" from individual schools; and keeps statistics on students who exhibit suicidal tendencies, the number of suicide attempts, and the number of actual suicides. The department staff also maintain a hotline for school officials, parents, teachers, and students to offer referrals or direct help in dealing with crises. During the first four months of operation, the hotline logged 516 calls.

Education about suicide begins in the eighth-grade health curriculum. Facts about the signals of suicide also are printed in three languages on wallet-size cards and distributed to both students and adults. (**Contact** Department Supervisor

"The greatest suicide prevention tool is the self-esteem of youngsters.... Building that resource in children must begin long before they first enter schools."

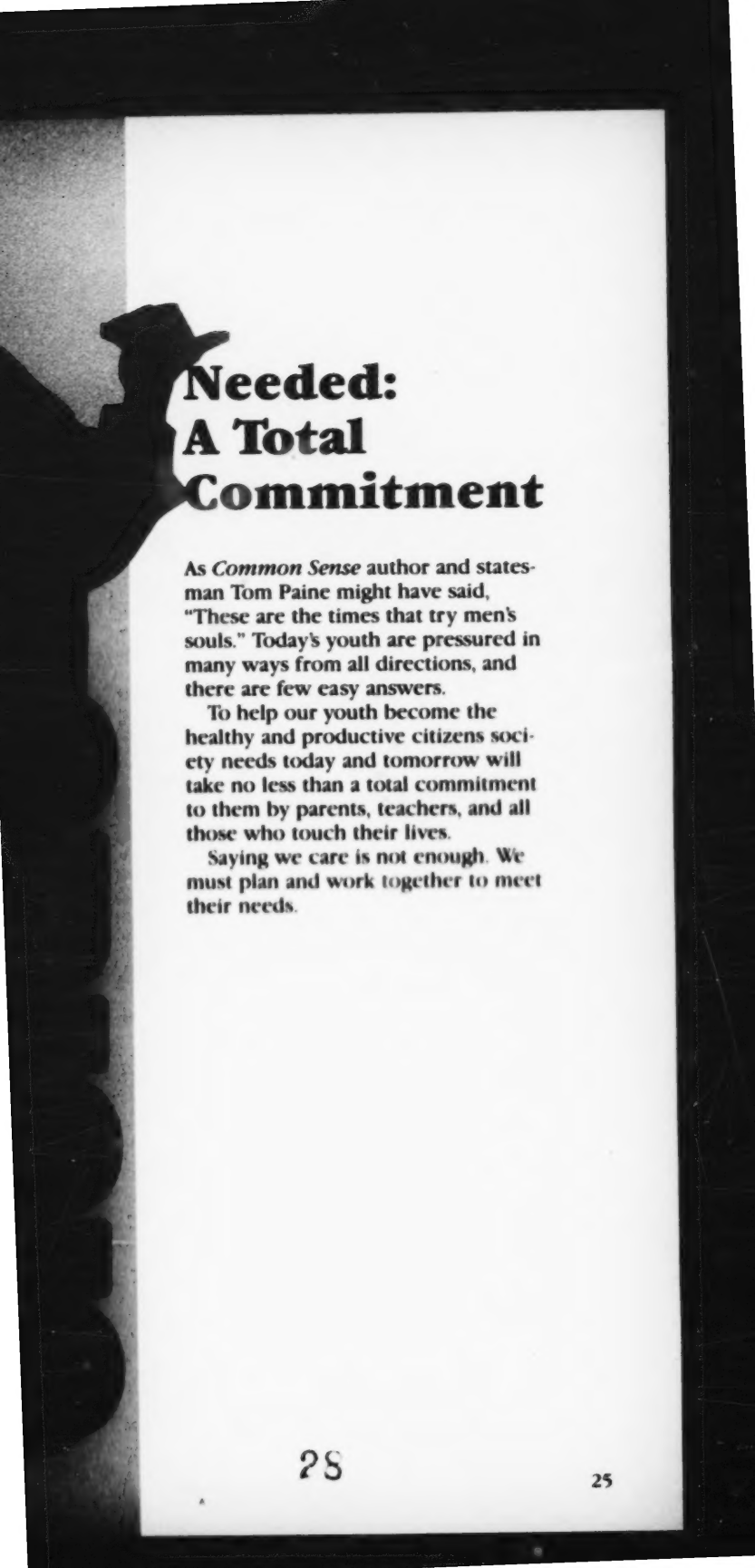
Joyce Hickson,
Crises Intervention Supervisor,
Dade County, Florida, Public Schools

Joyce Hickson, Department of Crisis Intervention, Dade County Public Schools, 1550 North Miami Avenue, Room 140, Miami, FL 33136.)

In ***Bismarck, North Dakota,*** where the schools witnessed three suicides and a murder within five days, a crisis team has been pulled together at the district level. "One of our goals is to return to normalcy as soon as possible" after a tragedy, says Bismarck High School Assistant Principal Rick Heidt. Thus it was decided that teachers would not serve on the crisis team, so that they could continue to staff classes in the event of an emergency. Besides Heidt, the team includes school counselors, social workers, and volunteers from community agencies. One benefit of having a team, Heidt says, is that there is always someone available to step in, in the event of a crisis.

Also in Bismarck, the schools and community agencies are developing techniques for addressing problems unique to rural youth. For instance, a local crisis center installed a farmer's crisis line as a response to the downturn in the agricultural economy. (**Contact** Rick Heidt at Bismarck High School, 723 North Seventh Street, Bismarck, ND 58501.)

The ***Fort Collins, Colorado,*** schools—after experiencing four suicides in eight months—mapped out a post-tragedy plan to cope with crises. Now, besides having school and district crisis management teams, this community's crises prevention and intervention efforts include education on dealing with grief, family dysfunction, law enforcement, and criminal activity (for students who are involved in gangs or drugs, for instance). Through an agreement between the schools and the local mental health agency, crisis team members can receive priority when referring a student. Fort Collins also makes extensive use of peer counselors. (**Contact** Jim Campain, School Social Worker, at Special Education Services, Poudre School District R1, 2407 LaPorte, Fort Collins, CO 80521.)



Needed: A Total Commitment

As *Common Sense* author and statesman Tom Paine might have said, "These are the times that try men's souls." Today's youth are pressured in many ways from all directions, and there are few easy answers.

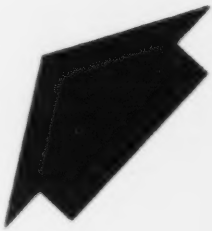
To help our youth become the healthy and productive citizens society needs today and tomorrow will take no less than a total commitment to them by parents, teachers, and all those who touch their lives.

Saying we care is not enough. We must plan and work together to meet their needs.

Where to Get Help

American Association of Suicidology
2459 Ash
Denver, Colorado 80222
303/692-0985

Institute for Studies of Destructive Behaviors
1041 South Menlo Avenue
Los Angeles, California 90006
213/386-5111



National Center for Health Statistics
3700 East-West Highway, Room 157
Hyattsville, Maryland 20782
301/436-8500

National Institute of Mental Health
Public Inquiries Section, Room 15C05
5600 Fishers Lane
Rockville, Maryland 20857
301/443-4515

Youth Suicide National Center
West Coast Office
204 E. Second Avenue, Suite 203
San Mateo, California 94401
415/347-3961

S.P.A.R.E.
(Suicide Prevention Allied Regional Effort)
5100 South Picadilly
Aurora, Colorado 80015
303/680-5211

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Author Thomas C. Barrett is an adolescent and family therapist in private practice and an expert in crisis intervention and suicide prevention. Dr. Barrett, who has worked as a school psychologist, is a trainer and consultant in crisis prevention and intervention programs across the United States. He also is the author of numerous publications on youthful self-destruction, including resource and curriculum guides for educators and training manuals. He holds a doctorate in education from the University of Northern Colorado.

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American Association of School Administrators
1801 North Moore Street • Arlington, VA 22209